

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91540 001 \*4,471.25

**DOCUMENT # C10038**

1. Entity Name

**SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS O  
 F FLORIDA**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202**

**ROY CONNOR SHEPPARD  
 220 OCEAN ST.  
 JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1651185**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
 220 OCEAN STREET  
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WMD** ☒ Delete  
 NAME **DAFF, DONEL H**  
 STREET ADDRESS **404 ROSE AVENUE**  
 CITY-ST-ZIP **SEBRING FL 33870-2941**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition  
 NAME **Kenneth Max Williams**  
 STREET ADDRESS **1350 N E LAKEVIEW DR**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **JWD** ☐ Delete  
 NAME **WEEKS, EVERETT C**  
 STREET ADDRESS **216 LONGVIEW ROAD**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition  
 NAME **Everett Charles Weeks**  
 STREET ADDRESS **216 Longview Road**  
 CITY-ST-ZIP **Sebring FL 33870**

TITLE **D** ☐ Delete  
 NAME **WILLIAMS, KENNETH**  
 STREET ADDRESS **PO BOX 589**  
 CITY-ST-ZIP **SEBRING FL 33871**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition  
 NAME **William Irvin Webster**  
 STREET ADDRESS **418 Skylark Dr**  
 CITY-ST-ZIP **Sebring FL 33875**

TITLE **TD** ☒ Delete  
 NAME **WAITE, F. EUGENE**  
 STREET ADDRESS **4802 ORANGE BLVD.**  
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE **TREASURER** (D) ☐ Change ☒ Addition  
 NAME **Owen Martin Young**  
 STREET ADDRESS **P O Box 206**  
 CITY-ST-ZIP **Sebring FL 33871-0208**

TITLE **SD** ☐ Delete  
 NAME **VAN EVERY, DESHA O**  
 STREET ADDRESS **276 WHIP-POOR-WILL DR**  
 CITY-ST-ZIP **SEBRING FL 33872**

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: X Desha O. Van Every, Secretary Feb 27, 02 8636550277**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)